

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24738

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24738

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax


Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Koninklijke Philips Electronics N.C.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: System and Method for True Random Number Generation	

Koninklijke Philips Electronics N.V., a corporation states that it is:

- ☒ the assignee of the entire right, title and interest,
- ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is ____% in the patent application/patent identified above,

by virtue of:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at Reel ___, Frame ___, or for which a copy thereof is attached.
- ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From ___ To:
The document was recorded in the United States Patent and Trademark Office at Reel ___, Frame ___, or for which a copy thereof is attached.

2. From ___ To:
The document was recorded in the United States Patent and Trademark Office at Reel ___, Frame ___, or for which a copy thereof is attached.

3. From ___ To:
The document was recorded in the United States Patent and Trademark Office at Reel ___, Frame ___, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.


☐ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date: 6/6/05

Respectfully submitted,

By


Michael J. Ure, Reg. No. 33,089
Title: Patent Attorney
Tel: (408) 474-9077

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	US020508
	First Named Inventor	Sam Mitchum, et.al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR TRUE RANDOM NUMBER GENERATION ✓

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 10px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 10px; height: 5px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 5px; height: 2px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 2px; height: 1px; display: flex; 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height: 0.000000000000000000000000000000000000002px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 0.000000000000000000000000000000000000002px; height: 0.000000000000000000000000000000000000001px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 0.000000000000000000000000000000000000001px; height: 0.0000000000000000000000000000000000000005px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 0.0000000000000000000000000000000000000005px; height: 0.0000000000000000000000000000000000000002px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 0.0000000000000000000000000000000000000002px; height: 0.0000000000000000000000000000000000000001px; 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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
WILLIAM C. <i>all</i>		LESTER JR <i>all</i>	
Inventor's Signature <i>William C. Lester Jr.</i>		Date <i>6-2-05</i>	
Residence: City Richmond	State VA	Country USA	Citizenship USA
Mailing Address 2609 Hillgate Ct.			
Mailing Address			
City Richmond	State VA	ZIP 23233	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	US020508
	First Named Inventor	Sam Mitchum, et.al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR TRUE RANDOM NUMBER GENERATION

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		X Customer Number or Bar Code Label		*24737*		OR		<input checked="" type="checkbox"/> Correspondence address below	
				24737					
PATENT TRADEMARK OFFICE									
Name: <u>PHILIPS INTELLECTUAL PROPERTY & STANDARDS</u>									
Address: <u>P. O. Box 3001</u>									
City: <u>Briarcliff Manor</u>				State <u>NY</u>		ZIP <u>10510-8001</u>			
Country <u>U.S.A.</u>				Telephone: <u>(914) 332-0222</u>		Fax: <u>(914) 332-0615</u>			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <u>Sam</u>				Family Name or Surname <u>Mitchum</u>					
Inventor's Signature						Date			
Richmond Residence: City				VA State		U.S.A. Country		USA Citizenship	
4130 Meadowgreen Ct. Mailing Address									
Richmond City				VA State		Zip		USA Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <u>Jack</u>				Family Name or Surname <u>Ehrhardt</u>					
Inventor's Signature <i>[Signature]</i>						Date <i>2/2/2004</i>			
Richmond Residence: City				VA State		USA Country		USA ✓ Citizenship	
Cartury Drive Mailing Address									
Richmond City				VA State		23229 Zip		USA Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
WILLIAM		LESTER	
Inventor's Signature		Date	
Residence: City	Richmond	State	VA
Country	USA		
Citizenship	USA		
Mailing Address 2609 Hillgate Ct.			
Mailing Address			
City	Richmond	State	VA
ZIP	23233	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
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Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

US020508

First Named Inventor

Sam Mitchum, et.al.

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

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(if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR <input checked="" type="checkbox"/> Correspondence address below
		24737	
PATENT TRADEMARK OFFICE			

Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS		
Address: P. O. Box 3001		
City: Briarcliff Manor	State: NY	ZIP: 10510-8001
Country: U.S.A.	Telephone: (914) 332-0222	Fax: (914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Sam	Family Name or Surname Mitchum
---	---------------------------------------

Inventor's Signature <i>Sam Mitchum</i>	Date 02-Feb-04
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Richmond Residence: City	VA State	U.S.A. Country	USA Citizenship <input checked="" type="checkbox"/>
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4130 Meadowgreen Ct. Mailing Address			
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Richmond City	VA State	Zip	USA Country
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Jack	Family Name or Surname Ehrhardt
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Inventor's Signature	Date
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Richmond Residence: City	VA State	USA Country	USA Citizenship
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Cartury Drive Mailing Address			
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Richmond City	VA State	23229 Zip	USA Country
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<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			
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Sybil Abarca



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WILLIAM		LESTER	
Inventor's Signature		Date	
Residence: City	Richmond	State	VA
		Country	USA
Mailing Address 2609 Hillgate Ct.			
Mailing Address			
City	Richmond	State	VA
		ZIP	23233
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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